

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40906</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
<i>Project Name/Number:</i>	<i>LA726-2 &amp; LA826-2/LA726-2 &amp; LA826-2</i>		

## Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: LA726-2 & LA826-2

SERFF Tr Num: PHYS-125909382 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40906

Sub-TOI: L07I.101 Fixed/Indeterminate

Co Tr Num:

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kathryn Gurnett

Disposition Date: 11/24/2008

Date Submitted: 11/19/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LA726-2 & LA826-2

Status of Filing in Domicile: Authorized

Project Number: LA726-2 & LA826-2

Date Approved in Domicile: 11/12/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Life Insurance Company – NAIC #72125; FEIN 47-0529583; Company No. 61150

Individual Life Insurance

LA726-2F – Application for Whole Life Insurance & Variables

LA826-2FR – Application for Whole Life Insurance

SERFF Tracking Number:      *PHYS-125909382*      State:      *Arkansas*  
Filing Company:      *Physicians Life Insurance Company*      State Tracking Number:      *40906*  
Company Tracking Number:  
TOI:      *L071 Individual Life - Whole*      Sub-TOI:      *L071.101 Fixed/Indeterminate Premium - Single Life*  
Product Name:      *LA726-2 & LA826-2*  
Project Name/Number:      *LA726-2 & LA826-2/LA726-2 & LA826-2*

The above captioned forms are enclosed for your review and approval. The forms are new and do not replace any currently approved forms. To the best of my knowledge these forms comply with all state laws and regulations.

The LA726-2F is a Direct Response application that will be used to market the L726F Juvenile Whole Life Policy. The LA826-2FR application will be used by our Agency force to solicit the L726F. The L726F was approved by your Department on March 2, 2003.

The LA726-2F and LA826-2FR were approved by our state of domicile, Nebraska on November 12, 2008.

We reserve the right to alter the format of the forms submitted without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed prior to approval.

Please contact me at the e-mail address or phone number listed below if you have questions, or if additional information is needed. Thank you.

Sincerely,

Kathryn R. Gurnett, MBA, CPCU, CLU, HIA, AAPA, AIRC, FLMI, CCP  
Policy Approval and Compliance Coordinator  
Government and Industry  
Voice: (402) 633-1188  
Fax: (402) 633-1096  
E-mail: [katie.gurnett@physiciansmutual.com](mailto:katie.gurnett@physiciansmutual.com)

## Company and Contact

### Filing Contact Information

Kathryn Gurnett, Policy Approval & Compliance [katie.gurnett@physiciansmutual.com](mailto:katie.gurnett@physiciansmutual.com)  
Coordinator  
2600 Dodge Street      (402) 633-1188 [Phone]

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
<i>Project Name/Number:</i>	<i>LA726-2 &amp; LA826-2/LA726-2 &amp; LA826-2</i>		

Omaha, NE 68131 (402) 633-1096[FAX]

**Filing Company Information**

Physicians Life Insurance Company	CoCode: 72125	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0529583	
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*SERFF Tracking Number:*      *PHYS-125909382*      *State:*      *Arkansas*  
*Filing Company:*      *Physicians Life Insurance Company*      *State Tracking Number:*      *40906*  
*Company Tracking Number:*  
*TOI:*      *L071 Individual Life - Whole*      *Sub-TOI:*      *L071.101 Fixed/Indeterminate Premium - Single Life*  
*Product Name:*      *LA726-2 & LA826-2*  
*Project Name/Number:*      *LA726-2 & LA826-2/LA726-2 & LA826-2*

## **Filing Fees**

*Fee Required?*      *Yes*  
*Fee Amount:*      *\$40.00*  
*Retaliatory?*      *No*  
*Fee Explanation:*  
*Per Company:*      *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$40.00	11/19/2008	24039610

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	11/24/2008	11/24/2008

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40906</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
<i>Project Name/Number:</i>	<i>LA726-2 &amp; LA826-2/LA726-2 &amp; LA826-2</i>		

## Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40906</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Variables for LA726-2F		Yes
<b>Form</b>	APPLICATION		Yes
<b>Form</b>	APPLICATION		Yes

SERFF Tracking Number: PHYS-125909382 State: Arkansas

Filing Company: Physicians Life Insurance Company State Tracking Number: 40906

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: LA726-2 & LA826-2

Project Name/Number: LA726-2 & LA826-2/LA726-2 & LA826-2

## Form Schedule

Lead Form Number: LA726-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LA726-2F	Application/ Enrollment Form	APPLICATION	Initial		54	LA726-2F.pdf
	LA826-2FR	Application/ Enrollment Form	APPLICATION	Initial		46	LA826-2FR.pdf



Application for Whole Life Insurance  
Physicians Life Insurance Company, 2600 Dodge Street, Omaha, NE 68131-2671

Children to be Insured (List Proposed Insured(s) age 12 and under)

First Name	Middle Initial	Last Name	Date of Birth Month Day Year	Male or Female	Check Coverage Amount
Child 1					<input type="checkbox"/> \$XX,XXX <input type="checkbox"/> \$X,XXX
Child 2					<input type="checkbox"/> \$XX,XXX <input type="checkbox"/> \$X,XXX
Child 3					<input type="checkbox"/> \$XX,XXX <input type="checkbox"/> \$X,XXX
Child 4					<input type="checkbox"/> \$XX,XXX <input type="checkbox"/> \$X,XXX
Child 5					<input type="checkbox"/> \$XX,XXX <input type="checkbox"/> \$X,XXX

A. Has any Proposed Insured ever had or received medical treatment or advice for: Heart or Circulatory Disease, Birth or Genetic Defects, Mental Abnormality, Congenital Disease, or for any other existing impairments, diseases, health or medical conditions? ☐ YES ☐ NO  
If yes, please list the child's name and the conditions below:

Child's Name	Condition(s)	Date(s) Last Treated Month Day Year	Name(s) and Address(es) of Doctor(s)/Hospital(s)

B. By applying for this insurance, do you plan to replace, discontinue or change any life insurance or annuities now in force? ☐ YES ☐ NO  
If yes, please list child's name, policy number and company: \_\_\_\_\_  
\_\_\_\_\_

Beneficiary Unless otherwise requested, the Applicant shall be the Beneficiary.  
Beneficiary's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant Information (Parent/Grandparent/Legal Guardian)

Name: Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxx Address: Any Streetxxx  
City: CityNamexxx State: XX Zip Code: 99999-9999 Phone: (\_\_\_\_\_)\_\_\_\_\_  
☐ Male ☐ Female Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Email (optional) \_\_\_\_\_  
Check One: ☐ Parent ☐ Grandparent ☐ Legal Guardian

Choose Your Method of Payment

Variable Payment Copy Here

[I have enclosed \$1 for each Child to be Insured.] I am the Parent, Grandparent or Legal Guardian of the Proposed Insured(s). To the best of my knowledge, the above answers are true and complete and each child to be insured is in sound physical and mental health. I understand that I am the policy's Owner and Beneficiary, unless another Beneficiary is named. I understand the insurance is not effective until issued, and any premium paid will be refunded if the policy is not issued.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Grandparent/Legal Guardian)

POLICY KIND: L726

# APPLICATION FOR WHOLE LIFE INSURANCE

Physicians Life Insurance Company  
2600 Dodge Omaha, NE 68131

HOME OFFICE USE ONLY:

POLICY NO. \_\_\_\_\_

Amount of Insurance Applied For:

\$10,000

\$5,000



Children To Be Insured (Proposed Insured(s))

(List children age 12 and under)

	First Name	Middle Initial	Last Name	Date of Birth			Sex
				Month	Day	Year	
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							

1. Has any Proposed Insured ever had or received medical treatment or advice for: Heart or Circulatory Disease, Birth or Genetic Defects, Mental Abnormality, Congenital Disease, or for any other existing impairments, diseases, health or medical conditions? ☐ Yes ☐ No

(If "Yes," please list the child's name and conditions below.)

Child's Name	Condition(s)	Date(s) Last Treated	Name(s) and Address(es) of Doctor(s) or Hospital(s)
		Month    Day    Year	

2. By applying for this policy do you plan to replace, discontinue, or change any life insurance or annuities now in force? ☐ Yes ☐ No

If "Yes," please list child's name, policy number and company.

Beneficiary: Unless otherwise requested, the Applicant shall be the Beneficiary.

Beneficiary's Name	Relationship
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Applicant Information: (Parent/Grandparent/Legal Guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Male      ☐ Female

Date of Birth \_\_\_\_\_

Check one: ☐ Parent ☐ Grandparent ☐ Legal Guardian

Month      Day      Year

I am the Parent, Grandparent, or Legal Guardian of the Proposed Insured(s). To the best of my knowledge, the above answers are true and complete and each child to be insured is in sound physical and mental health. I understand that I am the policy's Owner and Beneficiary unless another Beneficiary is named. I understand the insurance is not effective until issued, and any premium paid will be refunded if the policy is not issued.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Grandparent/Legal Guardian)

**Agent's Statement:** I certify that I have accurately recorded in this application all information supplied by the applicant[and personally witnessed their signature]. To the best of my knowledge, the policy applied for will ☐ will not ☐ replace any existing life insurance or annuities.

Agent's Signature **X** Date

PRINT or TYPE Agent's Name and Agent's State License I.D. Number

Please re-check application to be sure all information is complete.  
Make check or money order payable to Physicians Life Insurance Company.

<i>SERFF Tracking Number:</i>	<i>PHYS-125909382</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LA726-2 &amp; LA826-2</i>		
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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHYS-125909382 State: Arkansas  
Filing Company: Physicians Life Insurance Company State Tracking Number: 40906  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: LA726-2 & LA826-2  
Project Name/Number: LA726-2 & LA826-2/LA726-2 & LA826-2

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

11/18/2008

**Comments:**

**Attachments:**

AR Readability Certification.pdf

Ar reg 19 cert.pdf

### Review Status:

**Satisfied -Name:** Variables for LA726-2F

11/19/2008

**Comments:**

**Attachment:**

LA726-2 Variables.pdf

**PHYSICIANS LIFE INSURANCE COMPANY**

**OMAHA, NEBRASKA**

**Certification of Flesch**

These forms have the following Flesch Readability Score:

<u>Form</u>	<u>Flesch Score</u>
LA726-2F	54.2
LA826-2FR	46.4

The entire form was analyzed. The following was excluded in the text: name and address of the insurer; name, number and title of the form; captions and sub-captions; medical terminology; defined terms.



---

Shawn Pollock  
Vice President  
Government and Industry

10-28-08  
Date

**CERTIFICATION**

**RE: LA726-2F, LA826-2FR**

This is to certify that the above captioned filing complies with Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, reading "Shawn Pollock". The signature is written in a cursive style. To the right of the signature is a vertical red line.

Date: November 19, 2008

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Shawn Pollock  
Vice President  
Government and Industry

**App LA726-2 Variables 9/22/08**

1. May change the dimensions of the form to varying horizontal format, or vertical format. May change the font style in the layout. May rearrange the layout and format. May add/change/delete/move boxes and heading boxes.
2. May add/change/delete/move the format of the reply by date. "Please Respond Within 10 Days."
3. May add/change/delete/move the layout, format and copy pertaining to the Name, Date of Birth, Gender, Address, Phone #, Email Address, etc. of the Insured Child, Beneficiary or Applicant.
4. May add/delete number of children lines.
5. May add/change/delete/move copy above the benefit options "Check Coverage Amount."
6. May add/change/delete/move formatting of benefit dollar amount and number of options offered. The maximum amount offered will not exceed \$10,000.
7. May add/change/delete/move/ or substitute applicable language for Variable Pay Options copy. Variable Payment Options will include monthly, quarterly, semiannual, annual, credit card billing (where available), electronic fund transfer, and direct billing. These may be used singularly or in combination. This would include adding/changing/deleting/moving copy for account numbers, expiration dates, "Make check or money order payable to PHYSICIANS LIFE INSURANCE COMPANY", account/client name/financial institute, combining two different payment options, credit card number/expiration date, credit card holders signature line and "\*Direct billing available." as appropriate.
8. May add/change/delete/move payment copy for credit card, electronic file transfer (automatic bank withdraw), & Third Party pay copy in the attestation as needed.
9. May change/move the signature line and date depending on varying format.
10. May add/change/delete/move the format of the internal coding.